Immunization



Newsletter

North Dakota Department of Health

Division of Disease Control

Fall 2007



Immunization Program Update



The North Dakota Department of Health (NDDoH) recently completed a bid process requesting vaccine manufacturers to contract directly with the NDDoH for privately purchased vaccine. Unfortunately, the vaccine manufacturers are not able to contract directly with the NDDoH.

Therefore, providers need to have alternative purchasing options in place for ordering private vaccine by Dec. 1, 2007, in order to have private vaccine available for insured children effective Jan. 1, 2008. The NDDoH recommends providers purchase private vaccine in December 2007 and track the privately purchased inventory separately from state-supplied vaccine. After Jan. 1, 2008, providers will bill insurance for privately purchased vaccines given to insured children. Below is a list of options providers may utilize to purchase private vaccine.

Local Public Health Units

- Order directly from MMCAP
- Order directly from the manufacturer
- Order directly from a distributor where other medical supplies or vaccines are currently purchased

Private Providers

- Order through a group purchasing organization (GPO)
- Order directly from the manufacturer
- Order directly from a distributor where other medical supplies or vaccines are currently purchased

For information about ordering private vaccine from manufacturers, please contact:

- sanofi pasteur:
 - o 800.VACCINE
 - o vaccineshoppe.com
- Merck:
 - o 877.VAX.MERCK
 - merckvaccines.com
 - o Leslie Brunette at 701.426.0036
- GlaxoSmithKline:
 - o Rand Miskow at 605.212.2265
- Wyeth:
 - 0 800.666.7248

After Jan. 1, 2008, Vaccines For Children (VFC) vaccine may continue to be ordered at no charge through the NDDoH for VFC-eligible children. VFC-eligible children include those 18 and younger who are either Medicaid eligible, Native American, uninsured or underinsured (have health insurance, but it does not cover a particular vaccine).

As a reminder, any state-supplied vaccine in provider inventory after Jan. 1, 2008, will be considered VFC vaccine. This VFC vaccine may be used only for VFC-eligible children. Prior to Jan. 1, 2008, providers should order state-supplied vaccine accordingly to ensure they do not have excessive amounts of VFC vaccine in their inventory after Jan. 1, 2008. Providers must store privately-purchased vaccine separately from VFC vaccine.

Providers should log their private vaccine into the North Dakota Immunization

Information System (NDIIS). Detailed instructions about how to enter privately purchased vaccine into providers' inventory in NDIIS were sent to providers in a memo dated 10/10/2007. North Dakota state law requires all childhood immunizations to be entered into NDIIS.

Please contact the NDDoH at 701.328.4514 or toll-free at 800.472.2180 with any questions regarding the purchase of private vaccine for insured children.



To encompass all the recent changes in immunizations in North Dakota, the "PROtect ND KIDS" logo has been adopted. On Oct. 11, 2007, a public information campaign began with two press conferences held in Bismarck and Fargo. The goal of this campaign is to help educate the public about the changes in immunizations in our state, namely that insurance companies will be billed for vaccines given to insured children beginning Jan. 1, 2008. The campaign also stresses the importance of checking insurance benefits and continuing to vaccinate all children.

In a memo sent to providers, employers, schools, etc., dated Oct. 10, 2007, the NDDoH has requested assistance in disseminating information about program changes to parents, and in encouraging parents to check their insurance benefits for vaccination coverage before January.

For more information on PROtect ND KIDS, visit www.ndhealth.gov/Immunize/PROtectNDK ids.htm

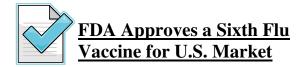
CDC Study Finds No Causal Link Between Thimerosal and Neurological Problems

A Centers for Disease Control and Prevention (CDC) study of 1,047 children ages 7 to 10 who were exposed to thimerosal, a mercury-containing preservative, found no apparent association between the preservative and neurological problems.

The study examined more than 40 neurological problems, including speech, language skills, motor coordination and intelligence. This study did not look at any association between thimerosal and autism directly; however, the CDC currently is conducting a separate autism and thimerosal study that is expected to be published sometime next year.

Thimerosal was eliminated from almost all childhood vaccines by 2002.

For more information about vaccine safety, visit www.cdc.gov/vaccines/vac-gen/safety/default.htm.



On Sept. 28, 2007, the Food and Drug Administration (FDA) approved an Australian-made influenza vaccine for use in the U.S. The vaccine, called Afluria, is manufactured by CSL Limited and was approved for use in adults 18 and older. It is an inactivated vaccine grown in chicken eggs that protects against influenza type A and B. CSL expects to supply up to 2 million doses in the U.S. for the 2007-2008 influenza season. Afluria is available in single dose syringes and multi-dose vials. For more information, visit www.fda.gov/cber/label/afluriaLB.pdf.

Very Low Vaccination Rates Call for Health-Care Providers To Re-think Influenza Season

In September 2007, the CDC released new data showing alarmingly low influenza vaccination rates for both children and adults. Many providers have traditionally vaccinated patients primarily in October and November, resulting in many unused influenza doses and unprotected patients. The CDC is urging health-care providers to increase their efforts to vaccinate throughout the fall and well into the winter months. Influenza season generally runs from October through as late as May, with the peak usually occurring in February. Again this year, National Influenza Vaccination Week will be held Nov. 26 through Dec. 2, 2007. The main message of the week is that it is never too late too vaccinate.

For more information on influenza, visit www.cdc.gov/flu/.

Check Your Vaccine Information Statements

Please check your vaccine information statements (VIS) to make sure you have the most current copy. Hepatitis B was updated on 7/18/2007, inactivated influenza on 7/16/2007, meningococcal on 8/16/2007 and live attenuated influenza on 10/4/2007. For a complete list of VIS dates, visit www.cdc.gov/vaccines/pubs/vis/default.htm.



Health-Care Workers: Get Your Flu Shot!

Health-care worker (HCW) influenza vaccination rates are extremely low in the U.S. HCWs who do not get vaccinated put their patients, coworkers, families and others at risk. When HCWs become ill from influenza, the virus can be transmitted to patients, causing serious, even lifethreatening complications. HCW illness also leads to increased absenteeism.

In August, the NDDoH sent a letter from Dr. Terry Dwelle, state health officer, to hospital administrators, long-term care facilities, and infection-control personnel. This letter addressed the low HCW vaccination rates and included a summary of ACIP/HICPAC recommendations and a Declination of Influenza Vaccination to be signed by HCWs who choose not to be vaccinated against influenza.

This year, make sure you get your flu shot to protect yourself, your patients, your coworkers and your family.

Flu Clinic Information Wanted

The American Lung Association is offering a Flu Clinic Locator on its website to help the public find local influenza clinics. They are asking providers to e-mail their flu clinic information. Please send your flu clinic days, times and locations to Judy at jmourhess@lungnd.org.

Visit the American Lung Association website at www.lungnd.org.





The second annual National Influenza Vaccination Week will be held Nov. 26 through Dec. 2, 2007. The purpose of this week is to encourage influenza vaccination after Thanksgiving and into the winter months.

This year, Tuesday, Nov. 27, 2007, is set aside as Children's Flu Vaccination Day, with a focus on vaccinating high-risk children. Each year, more than 20,000 children are hospitalized as a result of influenza. This event will help raise awareness about the value of vaccinating children, especially high-risk children, and their close contacts.

North Dakota plans to hold a NIVW kick-off event Monday, Nov. 26, in Fargo. Events scheduled include a news conference to relay to the public the message that it is never too late to get a flu shot, and an educational event for providers in the evening. A CDC representative will be attending the event. More information will be made available to providers when the plans are finalized. In addition to the kick-off, public service announcements will air on TV and radio during November.

For more information about NIVW, visit www.cdc.gov/flu/nivw07.htm.

Influenza Vaccine Update

This year, it is expected that up to 132 million doses of influenza vaccine will be available. According to the CDC's Flu Finder, a total of 307,590 doses have been shipped to North Dakota as of 10/31/2007.

As a reminder, state-supplied influenza vaccine is available for use in <u>VFC-eligible</u>

children only for the 2007-2008 season. Providers should use private influenza vaccine to vaccinate insured children.

As was the case last year, state-supplied influenza vaccine will be distributed to providers in multiple shipments from McKesson. Some provider's orders were cut, as the NDDoH is only allocated a certain number of VFC influenza doses by the CDC. These cuts were made based on influenza doses administered the previous year and the size of the provider's VFC population.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Flumist® Changes for the 2007-2008 Influenza Season

The FDA has approved several changes for FluMist® for the 2007-2008 influenza season. The first change is the age indication. FluMist is now approved for healthy children ages 2 to 4, which means the live attenuated influenza vaccine (LAIV) is now approved for use in healthy individuals 2 through 49. The previous indication was for those individuals 5 through 49. The second change is in storage. All FluMist® must be stored in the refrigerator at 2° to 8° C (35° to 46° F). The vaccine can no longer be frozen. Thirdly, the minimum interval for children who require two doses has been reduced to four weeks (the same as inactivated vaccine) from the previous six weeks. And lastly, the volume of vaccine has been reduced to 0.1 mL per nostril.

For more information, visit www.cdc.gov/mmwr/preview/mmwrhtml/mm5638a4.htm.



North Dakota Influenza Website

The influenza website is up and running again this year with a new look. This site offers campaign materials, fact sheets and education, North Dakota influenza activity and more. Visit the site at www.ndflu.com.

2006 National Immunization Survey Results

The results from the CDC's 2006 National Immunization Survey (NIS) are in. The percentage of U.S. children ages 19 to 35 months who have received the recommended series of childhood vaccines was 77 percent in 2006, which is very similar to the 76.1 percent in 2005.

The recommended series (4:3:1:3:3:1) consists of four doses of diphtheria, tetanus and pertussis vaccine; three doses of polio vaccine; one or more doses of measles, mumps and rubella vaccine; three doses of Haemophilus influenzae type b vaccine (Hib); three doses of hepatitis B vaccine; and one or more doses of varicella vaccine.

North Dakota exceeded the national rate at 80.1 percent, which is up from last year's rate of 78.7 percent.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



CDC Visits North Dakota Immunization Program

In September, the NDDoH Immunization program received a site visit from three CDC representatives. The purpose of the visit was to determine why North Dakota's immunization rates increased 22.4 percent from 2002 to 2005 and how they were being maintained. The representatives met with NDDoH personnel, pediatricians, a local public health unit representative, and other key stakeholders. The CDC hopes to share this information with all states in order to increase national immunization rates.

Hepatitis A Vaccine Update

Orders for Merck's hepatitis A vaccine, Vaqta®, have been delayed six to seven weeks since late July. These delays are due to a manufacturing change that is undergoing review. At this time, Merck has temporarily stopped taking orders for Vaqta®. They expect the vaccine will become available again early in the first quarter of 2008.

GlaxoSmithKline, the manufacturer of the hepatitis A vaccine Havrix, currently has enough supply to meet demand for hepatitis A vaccine. They have boosted production of hepatitis A vaccine in anticipation of the increased demand.

At this time there are no changes in the current ACIP recommendations for administration of hepatitis A.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Varicella Update

The NDDoH received an update from the CDC on 10/9/2007 regarding varicella shipments from Merck. They have temporarily extended delivery timelines to six to seven calendar weeks. As always, this does not include the time it takes the NDDoH and the CDC to process the orders. Providers should allow eight to nine weeks for delivery from the time the order is submitted until the vaccine is received. Please remember to keep track of how much varicella vaccine you have on order to prevent over-ordering. It is important to keep in mind that all state-supplied vaccine will become VFC vaccine after Jan. 1, 2008. and providers will be charged for excessive amounts of vaccine that are allowed to expire. Merck expects to return to normal shipping timelines in November.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



Check Your Packing Slips

When you receive vaccine shipments from McKesson, please check your packing slips. There have been instances where the lot numbers and expiration dates on the packing slip have not matched the numbers and dates on the vaccine itself. The information on the packing slip is what is used to enter the vaccine into the registry, so it is very important that the information is correct.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Know Your Rotavirus Ages and Intervals

According to a report generated from North Dakota's immunization registry, there are still many providers giving the rotavirus vaccine incorrectly. Remember, the series must be started by age 12 weeks or not at all, and the last dose must be given by age 32 weeks. These ages and intervals have been generated according to the safety trials, and any other uses are considered off-label.

For more information about the ACIP recommendations for rotavirus vaccine, visit www.cdc.gov/mmwr/preview/mmwrhtml/rr5512a1_e.



Temperature Log Monitoring

Please make sure a qualified staff member is reviewing your temperature logs. In many instances in which vaccine is spoiled due to incorrect storage, the individual recording the temperatures did not know that the temperature was out of range or what procedure to follow when it was. Vaccine that is not stored correctly but is still given to patients can result in costly and time-consuming revaccinations.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



Registry Training Available

The NDDoH offers Web X trainings for the North Dakota Immunization Information System (NDIIS). This training is for new users as well as those who need to brush up on their registry-use skills. To schedule a training, contact the THOR helpdesk at 800.544.8467.

Administrative Rules Update

On Aug. 1, 2007, a public hearing was held regarding proposed changes to the administrative rules, including day-care and school immunization requirements and an increase in the vaccine administration fee.

The day-care requirements would be expanded to include age-appropriate vaccination against rotavirus, hepatitis A and pneumococcal disease. School requirements would include second-dose varicella for kindergarten entry and age-appropriate vaccination with meningococcal vaccine and Tdap at middle-school entry.

The proposed vaccine administration fee for vaccines received at no charge from the state would be \$13.90, the Medicaid regional fee cap. For vaccines purchased by providers, no vaccine administration fee was set. Providers would be able to bill insurance for what it costs them to administer vaccines. Insurance companies will then set their own administration fee reimbursement rates.

The proposed changes are currently being reviewed by the Attorney General and then will go to Legislative Council.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Vaccine Administration Fee Raised

In July 2007, Medicaid raised the vaccine administration fee to \$8.77 per injectible vaccine given. This is an increase from the. previous administration fee of \$8.43. Subsequent doses and non-injectibles continue to be reimbursed at a lower rate.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



Updating Inventory in NDIIS

On Sept. 19, 2007 a memo was sent to providers regarding vaccine inventory. The NDDoH has required providers to reconcile their inventory in the registry (commonly referred to as THOR) with their actual physical inventory. As we move closer to VFC-only status, it is important to have accurate inventory information in the registry, and for providers to be able to separate VFC and private vaccine. Additionally, in the case of an outbreak of a vaccine-preventable disease, the NDDoH will be better able to locate vaccine. It is also a basic good business practice to know what stock you have on hand.

Once your inventory is accurate in the registry, it is important to enter all doses into the registry by lot number and to enter all wasted and transferred doses. Instructions for these two processes were sent with the September memo. If you ever have a VFC vaccine in your physical inventory but can't find it in the registry, please contact the NDDoH for assistance instead of entering it using just the vaccine name. This will cause your inventory to be inaccurate.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Pandemic Influenza Website Launched

The NDDoH has launched a pandemic influenza website. The website contains information from multiple agencies, including the NDDoH, the ND Game and Fish Department and the Department of Agriculture, and is intended to give North Dakotans one central location to get pandemic and avian influenza information.

Visit the site at www.ndpandemicflu.gov/.



VMBIP Update

North Dakota has been operating under the Vaccine Management Business Improvement Project (VMBIP) since Aug. 13, 2007. As has been previously communicated, all vaccine now comes from McKesson, and the NDDoH no longer has vaccine.

Please keep in mind when placing orders, you should allow at least three weeks for delivery. Although McKesson has five shipping days (which do not include Thursday through Sunday) to send the vaccine, it takes additional time for the orders to be processed by the NDDoH and the CDC. This also will allow for any unexpected delays in the process.

Additionally, please remember to open your vaccine shipments immediately and check the temperature monitors. Contact the NDDoH if the monitor indicates the vaccine has been compromised. All vaccine will then be returned to McKesson and a new shipment sent out.

Finally, please review your assigned ordering frequency. Contact the NDDoH if you are unsure of how often you can order or are having difficulty determining how much vaccine to order.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



Did You Know?

The *Immunization Newsletter* can be viewed on the NDDoH Immunization website. Visit www.ndhealth.gov/immunize and click on the "Newsletter" tab to read current and past issues.



New AFIX Coordinator

Jamie French has been hired as the new AFIX Coordinator based in Fargo. She has been an RN for 13 years and has worked in various positions since graduating from UND in 1994. Jamie worked for MeritCare for seven years as a critical care and emergency nurse. For the last five years, she's been at Fargo Cass Public Health and has worked as an elementary school nurse/adult home visitor and in the Nurse Family Partnership program. She is looking forward to working in the AFIX program and educating providers about immunizations.

Jamie enjoys spending time with her husband Dave and her 2 ½ year old daughter Anna. Her spare time is spent playing/watching sports, reading and cooking.

Please help us welcome Jamie to the Immunization Program!



Returning Non-Viable Vaccine

All non-viable vaccine should be sent to McKesson, not the NDDoH. When returning vaccine, fill out a Non-Viable Vaccine Return Form and fax a copy to the NDDoH. A copy should also be included with the vaccine being sent to McKesson. Vaccine can be returned to McKesson via UPS at no charge to the provider.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.



Pregnancy in a Hepatitis B Positive Woman Becomes Reportable

As of April 1, 2007, pregnancy in a person infected with hepatitis B is a mandatory reportable condition. This means that a pregnant woman with any of the following hepatitis B markers <u>must</u> be reported to the North Dakota Department of Health (NDDoH):

- HBsAg hepatitis B surface antigen
- HbeAg hepatitis B "e" antigen
- Anti-HBc, IgM IgM antibody to the hepatitis B core antigen
- HBV DNA viral hepatitis B DNA detection
- Any woman who has chronic hepatitis B and becomes pregnant must be reported to the NDDoH.

Each pregnancy in a woman infected with hepatitis B <u>must</u> be reported. It is the responsibility, according to the North Dakota Century Code (NDCC 23-07-02), of both the physician and the laboratory to report.

As part of the NDDoH Perinatal Hepatitis B Program, hepatitis B-positive women will be followed through their pregnancy. Once the infant is born, the child also will be tracked to ensure proper vaccination and post-vaccination testing. The household contacts of the mother also will receive follow-up, including HBsAg testing and vaccination if HBsAg-negative.

All infants should receive hepatitis B vaccinations at birth, 2 months and 6 months (after 24 weeks of age), but this is especially important in infants born to HBsAg-positive women. Combination vaccines can be used to complete the series. If combination vaccines are used, four doses of hepatitis B vaccine may be given.

If an infant is born to a HBsAg-positive mother, the infant should be tested for HBsAg and antibody to hepatitis B surface antigen (anti-HBs or HBsAb) after completion of the hepatitis B series, to ensure that he or she has not contracted hepatitis B and is now immune to hepatitis B. These tests should be done one to two months after the final dose of hepatitis B vaccine is given, when the infant is 9 to 18 months of age.

Please contact the NDDoH Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Welcome New Providers!

The NDDoH would like to welcome these new VFC providers:

- Kidder County Community Health Center – Steele
- Red River Family Medicine Fargo
- Healthways Bismarck







Upcoming Events

- National Influenza Vaccination Week:
 November 26 December 2, 2007
- Surveillance of Vaccine-Preventable
 Diseases satellite broadcast: Dec. 13,
 2007, time TBA



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